

I hereby certify that this correspondence is being [X]deposited with the United States Postal Service as Express Mail Label No. EV 214091625US in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450
[]by facsimile transmitted to the Patent and I]Trademark Office hand delivered to the Patent and Trademark Office on this 18th day of August, 2004. By Theresa Russek

OR

OR

FORM PTO-1083 Docket No. 539.3027.1

In re application of: Bristol, et al.

Serial No. 10/007,772

Filed:

November 8, 2001

For:

IMPLANTABLE THERAPEUTIC SUBSTANCE INFUSION DEVICE CONFIGURATION SYSTEM

COMMISSIONER FOR PATENTS ALEXANDRIA, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

[] Applicant claims small entity status.

[] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

[x] No additional fee is required. The fee has been calculated as shown below:

(Col. 3) (Col. 1) (Col. 2) **CLAIMS** HIGHEST NO. PRESENT REMAINING **AFTER PREVIOUSLY EXTRA** PAID FOR AMENDMENT **TOTAL** 31 **MINUS** 31 = 0 = 0 INDEP. 6 **MINUS** 6 ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

RATE	ADDIT. FEE	
\$9	\$	
\$43	\$	
	\$0	

\$0

TOTAL ADDIT. FEE

SMALL ENTITY

OTHER THAN A SMALL ENTITY

RATE

ADDIT.

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge by Deposit Account No. 061910 in the amount of \$_____. A duplicate copy of this sheet is attached.

[] A check in the amount of \$0 is attached.

- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 061910. A duplicate copy of this sheet is attached.
 - [x] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - [x] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

James Paige 50,886



3-19-04

2/25 U

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Bristol, et al.) Art Unit:	2125	
Applic	eation No.: 10/007,772	, ,	539.3027.1 539.337.3.1) Gandhi, Jayprakash, N	
Filed:	November 08, 2001	I hereby certify this correspondence is being:		
For:	IMPLANTABLE THERAPEUTIC SUBSTANCE INFUSION DEVICE CONFIGURATION SYSTEM	express mai addressed to 22313-1450 [] facsim Office	[X] deposited with the United States Postal Service a express mail Label No. EV214091625US in an envelop addressed to: Commissioner for Patents, Alexandria, VA 22313-1450. [] facsimile transmitted to the Patent and Trademark Office [] hand delivered to the Patent and Trademark Office	
To:	MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	on this By Theresa R	day of Flyg st., 2004.	

AMENDMENT

The present communication is a response to the Office Action mailed on May 18, 2004, in the above-identified application. Changes to any amended claim are shown by a strike-through for deleted matter or underlining for added matter.

Amendments begin on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.